

YAS

Medical/Personal Care/Special Needs Form

Medical: *PLEASE NOTE: AN AUTHORIZATION TO ADMINISTER MEDICATION FORM WILL ALSO NEED TO BE FILLED OUT AT THE SITE.*

- ◆ Will child need medication(s) administered during the program? Yes-Daily No Occasionally
- ◆ What is the prescription? _____
- ◆ Potential Side Effects? _____
- ◆ Does child have seizures or convulsions? What type are they? How often? Are there any warning signs? _____

Disability:

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Visual Impaired Glasses/Contacts |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Multi-handicapped | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Other |

Communication: Please answer the following questions.

- | | | | |
|---|-----|----|-----------|
| a. Does child know name? | Yes | No | Sometimes |
| b. Does child verbalize/sign name? | Yes | No | Sometimes |
| c. Can child communicate thoughts? | Yes | No | Sometimes |
| d. Can child communicate needs? i.e., rest room, eating, sickness, danger | Yes | No | Sometimes |

Can child read/write? To what extent? _____

Size of child's vocabulary? less than 25 words _____; between 26-100 words _____; 101+ words _____; sentences _____;

Special needs/equipment for communication? _____

Personal Care: Without staff assistance... (If answer is N or S - please explain)

- | | | | |
|---|-----|----|-----------|
| a. Can the child use the restroom and wash his hands? | Yes | No | Sometimes |
| Explanation: _____ | | | |
| b. Can the child eat, drink, and clean himself? | Yes | No | Sometimes |
| Explanation: _____ | | | |
| c. Is the child ambulatory/mobile on all terrain? | Yes | No | Sometimes |
| Explanation: _____ | | | |
| d. Can the child dress himself? | Yes | No | Sometimes |
| Explanation: _____ | | | |

Special needs/equipment for eating? _____

Special needs/equipment for mobility? _____

Special needs for toileting and dressing? _____

Social skills: Without assistance does the child display appropriate social behavior in public:

- | | | | |
|--|-----|----|-----------|
| a. Keep hands to self? | Yes | No | Sometimes |
| b. Talk in acceptable tone/volume according to activity? | Yes | No | Sometimes |
| c. Control vocal outbursts/tantrums? | Yes | No | Sometimes |
| d. Hit/kick others and physical outbursts? | Yes | No | Sometimes |
| e. Have a history of wandering away from a group or setting? | Yes | No | Sometimes |
| f. Adapt to close/crowded/noisy areas? | Yes | No | Sometimes |

◆ Describe outbursts/behaviors, if any, that the child displays and effective methods of control. _____

◆ Are there any restrictions or limits for your child's participation? Yes No Why? _____

If a child's medical, personal care or special need(s) changes, a new form is to be completed immediately.

Parent/Guardian signature indicates accurate and current information:

Parent/Guardian Signature

Date